Community Service Network 7 Meeting
DHHS Offices, Biddeford
December 14, 2006

Approved Minutes

Members Present:

- Anita Jones, Community Mediation Services
- Sherry Sabo, CSI
- Scott Ferris, Creative Work Systems
- Karl Wulf, Common Connection Club
- WC Martin, Common Connection Club & TPG
- Mark Jackson, Harmony Center & TPG
- Jeanne Mirisola, NAMI-ME Family Member
- Brian Daskivich, Riverview Psychiatric Center
- Chris Souther, Shalom House
- Rita Soulard, SMMC
- Mary Jane Krebs, Spring Harbor
- Donna Ruble, Sweetser
- Kelli Star Fox, Transitions Counseling
- Jen Ouelette, York County Shelters

Members Absent:

- Center for Life Enrichment
- Goodall Hospital
- Job Placement Services, Inc.
- Saco River Health Services
- Volunteers of America
- York Hospital

Others Present:

- Jennifer Goodwin, CSI
- Megan Gean-Gendron, York County Shelters
- Don Gean, York County Shelters

Staff Present: DHHS/OAMHS: Ron Welch, Marya Faust, Don Chamberlain, Leticia Huttman, Carlton Lewis. Muskie School: Elaine Ecker, Donna Lerman.

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I. Welcome and Introductions	Carlton Lewis welcomed everyone to the meeting and everyone introduced themselves.
II. CSN Meeting Guidelines	Carlton Lewis reviewed the CSN meeting guidelines and asked for the group's agreement. Members were reminded to RSVP to Muskie if they will not be present at a meeting. There was a question about whether alternates would be allowed to attend meetings in place of the designated member and the participants were told this would be discussed as part of a later agenda item.
III. Contract Amendments and Provider Agreements	Don Chamberlain explained that there are two documents, the "contract amendment" for providers, and the "provider agreement" that went out to community hospitals at the end of November. All contract amendments have been returned. At the next meeting, the group will report on the hospital response. Mr. Chamberlain also that attendance at every meeting will be tracked by having participants sign in.
IV. Memorandum of Understanding	Ron Welch opened discussion on proposed revisions to the draft Memorandum of Understanding (MOU) and Operational Protocols (OP). He explained that after all 7 CSNs make their recommendations (through the last meeting of this "round" on December 18), OAMHS will finalize and send out MOU/OP to all CSN members. He explained that while there will be opportunity to go back and work on the documents in the future, OAMHS will draft a universal version to meet the Consent Decree's January 3rd deadline for signature. He informed the group that their colleagues statewide have requested that alternates be allowed to attend and vote at meetings, and the decision has been made to include that provision in the MOU. He asked for other recommendations

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	regarding both documents, and the group made the following: • Clarification around reasonable time period to meet the 24-hour access requirement. • Clarification on confidentiality and information sharing within the CSN. Ron explained that the Attorney General's Office is presently working on this issue. • A member requested that the Rapid Response Protocol be attached to make the guidelines clear. • A member raised the issue of community hospitals participating in the CSN. Ron explained that all hospitals are required to participate, and group discussion emphasized the important role the community hospitals play in the continuity of and integration of care. The group voted to approve the MOU and Operational Protocols with the recommendations for OAMHS consideration noted above.
V. Operational Protocols	See previous Item.
VI. Provider Services Data Matrix, Maps, Service Gaps	Marya Faust presented several data items, explaining the OAMHS is working to provide usable and accurate data from a variety of sources. She emphasized the importance of building accurate data for planning and resource purposes. She also requested that members share their own data, knowledge, and suggestions to improve the "picture" of services and unmet needs in their CSN. <u>2006 Profile</u> Data collected from MaineCare and from mental health services funded by the General Fund shows: • 33,874 people are receiving mental health services • 10,129 of those have serious mental illness (43.3%) • 38% of the 10,129 have co-occurring disorders of mental illness and substance abuse • 21-64 age group shows increased incidence of mental illness, with 3:1 female to male ratio for this age group. • National Medicaid data shows people with serious mental illness live 25 years less • 69% have one or more other health conditions; 46% have two or more; 28% have three or more • 1 in 5 have diabetes, compared to 1 in 10 for MaineCare members with no mental illness Marya stated that these numbers can inform workforce development and training issues and has great implications for service planning given the number of people with mental illness in MaineCare struggling with complex medical issues. A member asked about the broad age category of 21-64, suggesting that breaking out the data for age 41-64 would yield more useful information regarding this population, which characteristically shows signs of aging much sooner than the general population. Marya explained that 21-64 is a federal reporting requirement and agreed that further refining the age ranges would provide valuable information. In relation to the 3:1 female to male ratio, one member commented that part of the reason for this could be that mental health facilities are open during the day, limiting access for men who work during the day. Another pointed out that men

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	may be much more reluctant than women to seek mental health services, in any case. Data Matrix and Maps Marya explained that the data CSN members provided from the electronic data forms will be presented in two ways: (1) maps, for a visual picture of where services are delivered, (2) a data matrix, for comprehensive, in-depth written information. This effort is just beginning, she explained, and the data will continue to be gathered and refined. She showed PowerPoint slides representing the population density of Maine, and symbols (both town and county-wide) indicating where each core service is located/delivered (as reported in the data sheets through 12/4/06). The maps will continue to be developed to show more clearly where services are located/delivered and depict more about the depth and coverage areas. Members were asked to review the information in the matrix and provide any revisions or missing data to Elaine Ecker at the Muskie School: eecker@usm.maine.edu. Unmet Needs/CSN Summary Marya distributed a report showing the number of specific unmet needs of clients in this region. The sheets show that in York County, 106 individuals have a total of 181 unmet needs. The client pool includes people receiving Community Integration, Intensive Community Integration, and Assertive Community Treatment services; mental health services through General Funds; and Consent Decree Class Members who request certain services through OAMHS directly. She explained this report will be generated every 90 days, and over time will provide valuable information about where needs continue to be unmet. She briefly explained the process of determining a need is "unmet," i.e. that the particular service is not provided within a certain acceptable timeframe set by the Court. The information about needs comes from clients' Individual Support Plans (updated every 90 days) as input by Community Support Workers, case managers, Consent Decree Coordinators, etc., into the RDS-EIS reporting system. The group discussed various issues and challenges in assessing and capturing unmet needs, identifying people with unmet that aren't "in the system" for many reasons, and from whom additional (perhaps better) information can be gathered (e.g. family members). Marya recapped that all the data gathering efforts are works-in-progress, and explained that the more pieces that are put together, i.e. data already gathered by members and new ideas about where/how to gather additional data, the better the picture of unmet needs will be for the area.
VII. Vocational Services	Don Chamberlain reported on three items related to vocational services. DOL VR /DHHS OAMHS Memorandum of Understanding (MOU) He referred people to copy of this MOU in the packet and discussed the following highlights from this agreement between DOL Vocational Rehabilitation Services (VR) and DHHS OAMHS: • Goals: Strengthen partnership, ensure ethical best practices, maximize vocational funds, increase number of MH clients employed.

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	• Joint Responsibilities: A workgroup is being convened to fulfill the activities listed in this section of the MOU. Jim Braddick of OAMHS and a representative (not yet named) from VR will co-chair the workgroup. Anyone interested in being on this workgroup should notify Elaine Ecker, eecker@usm.maine.edu. • Attachment A: Addresses issues with OAMHS' new Employment Specialists (ES) and VR. It ensures that when a client moves into VR services (from the waiting list), any plan developed with the ES will be accepted by VR. The client has the choice of staying with the ES after becoming eligible for VR services and will have full access to the resources VR offers its clients. OAMHS will place four ES during this fiscal year--in Portland, August, Lewiston, and Bangor. Three more ES will be placed by July 1. Each CSN will have one ES, housed in an agency that offers substantial community support services. The ES will be available for clients throughout the CSN, not just those served by the host agency. OAMHS expects 15% of the ES' annual caseload to be employed at least 20 hours per week in competitive employment at minimum wage or better. <u>Memorandum to ACT Teams</u> Don distributed a copy of a memorandum he sent out to all ACT teams, explaining the requirements of the Consent Decree Plan that Employment Specialists on ACT teams must spend 90% of their time on employment functions and that 15% of their annual caseload becomes employed. <u>Vocational Training for Community Support Workers (CSWs)</u> Training for CSWs is being finalized. Plans are for a short training that will use ITV to provide multiple sites and opportunities to attend. The goal of the training is to raise awareness of the importance of identifying vocational issues and goals in plans and ISPs. <u>Group Comments/Questions</u>: • A member raised the common concern among consumers about how much they can earn and still retain their benefits. Answer: Because of variables in individual circumstances, the best information on these issues is obtained through consultation with a benefits specialist. • Increases in placement will also increase the need for ongoing support in many of those placements.
VIII. Role of Consumers in Licensing	Leticia Huttman stated that OAMHS sees consumer involvement in licensing as an important component in developing a recovery-oriented system of care. She said consumers indicate less interest in being involved in the details of licensing and more interest in assessing whether the services delivered are recovery-oriented, consumer-driven, and person-centered. While this is difficult to evaluate, consumers have been looking at using standardized tools like the Elements of a Recovery Facilitated Systems (ERFS) to use in interviewing consumers and staff members. The goal is that this will provide an opportunity for consumers, providers, and OAMHS to work together to improve services—not to be viewed as threatening or faultfinding. Consumers would be trained and compensated, and would most likely go out in teams. Providers will be informed about what the assessment involves and what to expect before any visits occur. Various group members commented on the importance and value of consumer advisory boards and participation in quality

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	improvement in their organizations. Additional comments/suggestions: • That consumers not review agencies from which they receive services--perhaps consumers from one CSN would do this in another CSN. • There would be value in interviewing family member(s) and the possibility of family members interviewing family members. • A consumer said that participating in license review would be an intimidating experience for him. • Existing peer groups, future consumer councils, and the QIC might be good places from which to draw volunteers.
IX. Housing and Support Services Workgroup Update	Don Chamberlain reported that the workgroup has met twice. The focus of the group is to assess what presently exists. Providers have characterized their housing and that is now being redefined in a database developed by Sheldon Wheeler, in order to determine the correct category of every residential location. Information and workgroup minutes are available on the OAMHS Consent Decree website under the "Housing" tab.
X. Contract Compliance Template	Marya handed out a draft "Agreement Review Checklist" noting OAMHS' intent to improve consistency in working with providers on contract compliance. Marya noted that this checklist intentionally does not include things licensing attends to in its review process. This draft is open to revision, and feedback should be sent to Elaine Ecker, eecker@usm.maine.edu. Contract reviews for Region I are set for February 26 and 27. Time slots are set, but providers may arrange between themselves to trade times, as long as they notify Carlton Lewis of any changes to the original schedule.
XI. Beds: Crisis Stabilization/Observation	Don Chamberlain asked members to think about this for the next meeting, encouraging them to review pages 37 and 38 in the Consent Decree Plan. He explained, "We'd like to have free and open discussion about the state of crisis beds, observation beds, solutions, crisis respite with peers (peer supported), and a "living room" drop-in location where people in crisis could go to avoid hospitalization." He asked those who provide crisis services to provide information on the following at the next meeting: • Number of beds they have; • less intensive services they provide; • challenges they encounter; and • services they could offer that would keep people out of the hospital.
XII. Statewide Policy Council	Ron reviewed the tasks of the Statewide Policy Council (SPC), listed under Tab 5 in the reference binder. He explained that the process originally outlined to fill this council had grown to include more categories, producing an unworkable number of representatives (49, plus staff). He asked the group for their suggestions on how to achieve a more reasonable number, noting that all the CSNs will make suggestions for OAMHS consideration. He also stated that the timeline for convening the council has been pushed back to March. The SPC would meet through June, meeting once a month for several hours or day-long meetings. Ron mentioned two ideas discussed at other CSNs: 1) electing three people at large to represent the CSNs, or 2) have a

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	core person who attends each month and brings other members, as necessary, with expertise related to particular agenda items under discussion. Question: "Does the policy committee make decisions or recommendations?" Answer: The policy committee will make recommendations. Recommendations or requests to be appointed to the Council should be sent to Elaine Ecker at the Muskie School: eecker@usm.maine.edu. Representation will be chosen by the CSN membership at the January meeting.
XIII. Ongoing Meeting Schedule	The group agreed that the best ongoing monthly meeting time (starting in February) would be either the second Thursday or fourth Thursday of the month.
XIV. Agenda for January Meeting	• Procedure and Protocols for Inpatient Admissions • Rapid Response and Crisis Plans • Representation to Statewide Policy Council • Crisis Stabilization/Observation